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### Summary of the Pittsburg Town Hall Meeting held November 21, 2006

KHPA staff and Board members hosted a Town Hall meeting in Pittsburg KS on Tuesday, November 21, 2006, from 4:00 to 6:00. Attending from the KHPA Board were: Vice-Chair Joe Tilghman, Garen Cox, and Kathy Greenlee. KHPA staff who attended were: Dr. Marcia Nielsen, Dr. Andrew Allison, Megan Ingmire, Luke Thompson, and Marlene Shellenberger. Two legislators also were present: Senator Jim Barone (who also made a few remarks) and Representative Julie Menghini. There were local media representatives who attended from KOAM-TV and KKOW Radio, as well as an interview for the Pittsburg Morning Sun. Approximately 50 people attended, with 11 individuals presenting testimony representing the mental health and behavioral health services, independent living councils, the Via Christi health care system, Area Agencies on Aging, and a pharmacist from the region. Among the concerns raised were: access to mental health services, impact of the reduction of Medicaid funding on the public health safety net, impact of the Presumptive Medical Disability Determination process for MediKan consumers, availability and access to additional community based services for the elderly, Medicaid disproportionate share to hospital (DSH) reimbursement, improving employment opportunities for people with disabilities, services to the aging population, and the impact of the Deficit Reduction Act (DRA) on pharmacists. Copies of the testimony presented have been posted to the KHPA website at [www.khpa.ks.gov](http://www.khpa.ks.gov). A brief summary of the testimony presented by each individual is outlined below:

1. Karen Suddath, Executive Director, Wyandot Center for Community Behavioral Healthcare, Inc. Is encouraged by the policy-makers' focus on health care for uninsured Kansans and the discussions about the need for a coordinated health care approach across systems and the need for combined purchasing power for health care services. Is concerned with KHPA being a new entity and possibly not having the history and background in the programs and services for the populations served; concerned with the lack of data-driven decisions especially in the areas of measuring outcomes and evaluating system improvements. Does not have a strong opinion about the transfer of additional Medicaid-funded programs to the KHPA but recommends that, prior to the transfer of programs, 1) the values of the population served are identified and kept in the forefront, 2) a planning process be developed for the transfer, implementation, and ongoing management of the new programs, 3) the consumers of these services have an opportunity to be heard, and 4) a plan be developed for data collection and analysis for outcomes and evaluation measurements.
2. Rick Pfeiffer, Chief Executive Officer of Crawford Co. Health Department, Community Mental Health Center, and Juvenile Justice Authority. Is very concerned with the reduction in Medicaid funding (certified match) that became effective July 2006 and the impact this reduction will have on the services offered by the local public health department and county mental health system. With the reduction in Medicaid funding, his agency was forced to reduce staff in a psychiatric preschool program and will be closing the high-risk infants program in January 2007. Will have a tremendous affect on the public safety net currently being used by the vulnerable population in that area.
3. Michael Hammond, Executive Director, Ass'n of Community Mental Health Centers. Recognized the work the KHPA Board has done in the development of Consumer, Provider and Purchaser Councils as well as the Health Indicators. Emphasized the continuing need for mental health services, for Medicaid to continue as a safety net health care program for Kansas' vulnerable population, for evidence-based practices, for an expanded role of nursing facilities for mental health, and a greater focus on older adults. Expressed specific concerns with: 1) the Presumptive Medical Disability Determination program

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for those who are mentally ill who are currently receiving services through the MediKan program; 2) impact of the Deficit Reduction Act (DRA) for the Medicaid population; 3) the needs of the underinsured; 4) the sustainability of a public health safety net for those with mental health needs; and especially 5) the possible transfer of additional Medicaid funded programs from SRS to KHPA. Clearly expressed that the Ass'n of CMHC do not support the transfer of additional programs at this time.

4. Shannon Jones, Executive Director, Statewide Independent Living Council of Kansas. Spoke to the need to rebalance the funding for the long-term care system for the elderly from institutional care to home and community-based services. Recommendations included: 1) Coordinate all home and community based services programs in one office that integrates community services; 2) Amend the Medicaid State Plan to include Home and Community Based services in the caseload estimating process; 3) Reinforce the principles of choice and independence; and 4) Reassign duties of the Client Assessment, Referral and Evaluation (CARE) program to the office that coordinates community services.
5. Jennifer Schwartz, Director, KS Ass'n of Centers for Independent Living. Provided brief background on the CIL organization and how their efforts closely align with those of the Statewide Independent Living Council of Kansas (SILCK). Recommendations included: 1) more effort made in developing a consumer-driven flexible funding system, which would result in more opportunity for consumer choice; 2) eliminate waiting lists for those individuals needing services from the home and community based services (HCBS) waivers; 3) continued support for the Working Healthy program, which oversees the employment process for with people with disabilities to obtain or maintain employment; 4) eliminate the cap (80 individuals is the current limit) that is part of the current language within the "Money Follows the Person" proviso; this would allow opportunity for more qualified individuals who currently reside in a nursing facility to transition back to the community and have the same amount of funding transferred to the appropriate HCBS waiver.
6. Greg Jones, KS Ass'n of Centers for Independent Living (no written testimony available). Concerned with the fragmented delivery system for long-term care services. The current delivery system is too complicated and needs more uniformity.
7. Janis Goedeke, President Elect, KS Public Health Association. Spoke of their Association's five priorities:
  - Preparing for and controlling Infectious Disease (control preventable communicable disease; continued education, surveillance and immunizations must remain a top priority).
  - Infrastructure (plan for health information technologies and health information exchange projects of our state; connect to funding opportunities and coalitions to replace federal funding; build partnerships to be more efficient).
  - Workplace development (large retirement turnover in the very near future; need to have people trained in public health to replace those; must step up our education and training efforts).
  - Access to Medical and Dental Care (people who are uninsured delay treatment, have worse health outcomes, create additional burdens to health care systems, contributes to medical debt which is leading cause of personal bankruptcy).
  - Chronic Disease Prevention (use best practices such as wellness programs for schools, churches and worksites; focusing on aggressive policies in nutrition, physical activity and tobacco use).
8. Randy Peterson, Senior Vice President, Via Christi Health System. (no written testimony available). Concerned with two major issues: 1) accessibility and delivery of mental health services; and 2) distribution of the Medicaid disproportionate share to hospitals (DSH). Regarding the mental health service delivery concern, there are only twelve hospitals statewide that now provide mental health inpatient services. The number of uninsured individuals with mental health needs continue to increase and there is considerable work to be done to eliminate the barriers for these individuals which include: dual diagnosis screening process (for those individuals who have both physical and mental health needs); eligibility not done in timely manner; not enough available resources for mental health services. Regarding the concern with DSH, Via Christi treats a significant number of Medicaid patients on a daily basis and the DSH distribution needs to be more equitable for hospitals.
9. Kerri Bacon, Employment Liaison, KS Commission on Disability Concerns (KCDC). Expressed concerns with two barriers for individuals with disabilities to gain or maintain employment: 1) Worker's Compensation claims made by individuals with disability and the impact on the employers insurance premiums (usually are increased); 2) Employee health insurance coverage by small businesses

(employers sometime fear that hiring a person with a disability will translate into increased use of health insurance coverage which would then increase the business' overall health costs).

10. Craig Kaberline, Executive Director, Area Agencies on Aging (AAA). Recommendations to improve the health system for Kansas' senior population include: 1) Access to medical care — increasing shortage of providers in the rural areas to provide overall health care services and also number of Medicaid/Medicare providers is decreasing; 2) Mental health services for the senior population—cited the high rate of depression and suicide among the elderly; 3) Case Management at Hospital sites— providing case management at the hospitals to connect a patient with community services proved to be very beneficial in the North Central Flint Hills project (Real Choice Systems Change Grant pilot project); 4) Oral Health Care—providing preventive dental care and dentures to the elderly would improve their overall health and well-being; 5) Support Family Caregivers; 6) Preventive Care and Disease Management—spoke of the importance of exercise, health programs and disease management for our senior population and how it would result in reduction of health care costs for the elderly.
11. Brian Caswell, Pharmacist, Baxter Springs KS. Spoke of concerns with the recent passage of the Deficit Reduction Act (DRA) and impact on pharmacists in the areas of use of the new formula using an average manufacturers price (AMP) as the basis of cost for generic drugs and how additional analysis on impact is needed related to this new policy. Concerned about the long-term impact of the DRA to Medicaid clients. Appreciates the work of KHPA staff and especially the pharmacy staff within the agency.
12. Senate Jim Barone. Thanked KHPA for hosting this Town Hall meeting and for its work to improve the health of Kansans. Expressed some concern about accessibility and affordability to health care services for the average working-class ("Average Joe"). Would encourage the continued work on health care transparency, especially related to pricing transparency for hospitals and physicians.

#### Question and Answer Session:

- Tracie Lansing, KS Childrens Service League – Had several questions related to: 1) status of the presumptive eligibility process? 2) what work is being done to promote on-line eligibility? Dr. Nielsen provided a brief background on the Presumptive Eligibility Project currently being done in the Wichita area and advised that on-site screening for eligibility is now available at this site, in hopes of providing needed health care services to children and families without the delay that is normally incurred with the eligibility process. Dr. Allison added that work is continuing around the enrollment and eligibility processes for those families in response to the new citizenship and verification requirements. Discussions are on-going with SRS on developing and promoting the on-line eligibility process.
- Karen Suddath, Wyandot Center for Behavioral Health – asked what challenges will KHPA experience with the possible transfer of additional Medicaid funded programs? Dr. Nielsen responded that currently all KHPA staff and resources are needed to operate the programs and services currently within the agency, that the need for infrastructure within the agency is critical, and that additional specific discussions will be held before the decision is made to transfer any additional programs into KHPA.
- Mary Carol Pamotta, Pittsburg State University, Nursing School – Expressed appreciation to the KHPA for its vision and goals for promotion of healthy living. Encouraged KHPA to tap into the expertise of nurses in Kansas when the opportunity is available. Felt that nurses make a tremendous difference in the big picture of healthy Kansans and encouraged to use that professional capacity when possible.